

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15393

State File No.

FILED APR 27 1953

BIRTH NO. REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Francois</u>		c. CITY OR TOWN <u>Farmington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>9 days</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. #3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Evelyn</u>		a. (First)	b. (Middle)	c. (Last) <u>Dix</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 14, 1890</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cornwall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Riley Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Revelle</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs George Miller, Farmington, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Terminal Hydr static pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral accident</u> DUE TO (c) <u>Hypertension and diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetic gangrene - left foot + leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>16 hrs</u> <u>4 yrs</u> <u>30 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 8, 1953, to April 19 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 2:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Reuss</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>4-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/21/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Herculeanum Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Herculeanum, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Apr 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Evelyn R. R. R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____
Buel K. Dugal

Licensed Embalmer No. *4120*

P. O. Address *Laramie Wyo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.